Communication about depression during rheumatoid arthritis patient visits

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Background

- Rheumatoid arthritis is a chronic condition that can be extremely disabling.
- Several studies have indicated that individuals with rheumatoid arthritis experience a higher prevalence of major depressive disorder (MDD) and generalized depressive symptoms than individuals in the general population (Martens et al. 2005; Frank et al. 1988).

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- Depression is a leading cause of disability and one of the most costly chronic conditions in terms of health care expenditures and lost productivity (Druss et al. 2001; Greenberg et al. 2003, Murray and Lopez, 1997).

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Background

- Prior work has examined provider-patient communication about depression in primary care settings.
- To our knowledge, no prior study has examined provider-rheumatoid arthritis patient communication about depression in rheumatology settings.

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Aims

- 1. To examine the extent of depressive symptomatology among rheumatoid arthritis patients.
- 2. To describe the extent to which depression is discussed during rheumatoid arthritis (RA) patient visits and who initiates the discussion.
- 3. To examine how physician and patient characteristics impact communication about depression during RA visits.

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Methods

- 4 North Carolina rheumatology clinics
- 8 rheumatologists and 200 rheumatoid arthritis patients who were age 45 or older participated.
- Patient visits were audio-tape recorded and patients were interviewed after the visit.
- A structured tool was developed to code the audio-tapes.

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Measures

- Patient Health Questionnaire (PHQ-9): score of 15 or greater indicates moderately severe to severe depressive symptoms
- Patient age, gender, race
- Educational level (less than high school, high school, more than high school)
- ACR classification (I through IV)

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Coded Variables

- Is depression is discussed during the medical visit (depression, sadness, loss of interest in usual activities, down in dumps, low spirits, cries during the visit)?
- Does the physician or patient initiate the discussion of depression during the medical visit?

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Methods

- Bivariate relationships were examined.
- Multivariable logistic regression techniques were used when predicting moderately severe to severe depressive symptoms.

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Results

- Patient age ranged from 45 to 88 (mean 62) years
- 74% female
- 69% White, 22% African American
- 20% less than high school; 30% high school; 45% more than high school
- ACR classification: 25% level 1, 45% level 2, 14% level 3; 2% level 4

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Depressive Symptoms

- 10.5% of patients (N=21) scored as having moderately severe to severe depressive symptoms.
- Scores on the PHQ-9 ranged from 0 to 24 (mean score=7).

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Moderate/severe depressive symptoms

- Patients rated as having worse functional status by their physicians were more than twice as likely to have moderately severe to severe depressive symptoms than patients whose physicians rated them as having better functional status (OR=2.2, 95% CI=1.06, 4.60).

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Depression discussion among all patients

- Depression was discussed during 3.5% of the 200 audio-taped visits (N=7).
- If depression was discussed, the patient initiated it <u>all of the time</u>.
- Patients with moderately severe to severe depressive symptoms were significantly more likely to discuss depression (19% versus 1.7%, Pearson chi-square=17.11, p=0.000).

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Depression discussion among those with moderate/severe depressive symptoms

- Only 19% patients (N=4 out of 21) who scored as having moderate to severe symptoms of depression discussed depression with their physician.
- If depression was discussed, the patient initiated the discussion all of the time. All patients who discussed depression were White, all were female, and all had a high school education or above.

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- Sample Transcript Excerpts: Depression Communication

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Example 1

- *P: Somebody was saying what's so wrong with you that you aren't working and I said well I have rheumatoid arthritis and I have osteoporosis, so which one would you like to attack?*
- *D: And it's not like, oh that's beautiful! It's not like you haven't tried.*
- *P: Mmhmm, I would love to be working.*
- *D: You have really tried. Oh, you know I've got plenty of papers showing that you have tried.*
- *P: They don't know. I say you don't know some days I get so depressed and cry all day long because I think that I could be out working. I burnt my hand, I drop stuff.*
- *D: I see that!*
- *P: Dropped the grits on my hand cooking grits… I dropped two things out of the refrigerator this week. Thank God they weren't glass.*
- *D: Yea, or else you would have had a mess to clean up.*
- *P: Yea. And my husband said now when you start dropping stuff that means it's time for you to sit down because you are tired.*

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Example 2

- *D: Ok…… Now when you were on the Prednisone did it make you feel sick in any way?*
- *P: No.*
- *D: Did it increase your appetite?*
- *P: I really didn't notice.*
- *D: Ok, so, we're really on a small dose so- Alright.*
- *P: I have been so depressed.*
- *D: Really?*
- *P: Just really depressed.*
- *D: And is that something new for you? Have you had depression before?*
- *P: Yes, I have always been really active and now I just don't feel like doing anything. I'm just really depressed.*
- *D: Ok. And have you ever used any medicine for depression? Ok, would you be interested in trying something?*
- *P: I guess-*
- *D: Ok*
- *P: I guess??*
- *D: It's overwhelming, isn't it? Ok.*

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Example 2 (continued)

- *P: Especially when you used to be so active and now all the sudden you can't do anything without hurting.*
- *D: Mmmhmm. Are you sleeping at night?*
- *P: I am at times. I have nights when I sleep good then there are other nights when I'm just up and down all night.*
- *D: On the nights that you are up and down all night is it because you're depressed or because you're hurting, or why- what's keeping you up? (they continue to discuss sleep and pain and the doctor examines the patient)*
- *D: No, it was fine… The encouraging thing I think here is that you don't have a lot of swelling and I'm not feeling in your joints a lot of restriction or inflammation so we've got pain to deal with. Some of the pain may be related to the depression and the sleep problems. In other words we have got multiple things going on here. You've got arthritis, your function has changed, you're not sleeping as well, you're not feeling as well, so it becomes kind of a vicious cycle. Sometimes actually treating the depression makes the pain better, which is kind of an interesting twist on this. I don't want to intensify your methotrexate right now because I think this is the right dose for you. We'll have to check the labs and make sure that dose is a dose you are tolerating. But I am going to start you on a medicine called– two things. One is Zoloft, which is an antidepressant. We are going to start you on a low dose, 50mg. You are just going to take one a day. Most people tolerate this extremely well. Occasionally people experience some side effects. If there is something that you are concerned about you should have a low threshold to call me if you are concerned. But, like I said, it's usually fairly well tolerated. I would suggest, um, that you try to take it around the same time every day. Some people like to take it at night. I heard reports, people sometimes say it gives them bad dreams, but that is pretty unusual. Um, but it's a pretty easy medicine to tolerate. It's going to take about four to six weeks to get this medicine into your system. It's not something that is going to work really fast.*

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Example 3

- *D: Is that sore here?... How about there?… Here?*
- *D: Yea, alright. Take some deep breaths for me. Very good………….So how was your holiday?*
- *P: It was alright.*
- *D: It was alright? Were you too busy?*
- *P: No.*
- *D: Doing too much? Too much running around?*
- *P: I was just depressed.*
- *D: Depressed?.......... ((mumbles)) Well my guess is that over the next few days you are going to start to feel better because we are just kind of coming to the end of that Remicade and now that you have got another dose things should start to get better. If over the next week or so you don't feel like things are gradually improving, and it may not be that dramatic, just sort of gradually getting better where this discomfort isn't going away you need to call me and let me know. And do you need prescriptions for anything today?*
- *P: I'll probably need the Methotrexate.*

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Conclusion

- Rheumatologists should consider asking all RA patients about depression.

- The following questions could be asked:

  "Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?"
  "Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?"

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Limitations

- We did not have depression diagnoses, we only used the PHQ-9 as a screener for depressive symptoms.
- Results should be interpreted with care, because of the infrequent discussion of depression.

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Future Research

- In future analyses we will examine whether a hand-held computer intervention improves communication about depression over time.
- More work needs to be done to improve communication about depression in specialty as well as primary care settings.

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